



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: M. Yamahara, et al.

Application No.:

08/997,219

Group No.: 2871

Filed:

12/23/1997

Examiner: Parker, K.

For:

LIQUID CRYSTAL DISPLAY DEVICE INCLUDING A PHASE DIFFERENCE PLATE FOR

IMPROVING VIEWING ANGLE DEPENDENCE (AS AMENDED)

Assistant Commissioner for Patents

Washington, D.C. 20231

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an Amendment for this application and a Terminal Disclaimer to Obviate A Double Patenting Rejection.

STATUS

2. Applicant is other than a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 applicant believes that no extension of term is required.

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CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8(a))

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

Date: January 26, 2001

FACSIMILE

transmitted by facsimile to the Patent and

Trademark Office.

Signature

Donna M. Tomaso

(type or print name of person certifying)





FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col.1)		(Col. 2)	(Col. 3)	OTHER THAN A SMALL ENTITY		
Claims			(Col. 2)	(COL 3)	SWALL	ENTITE	
	Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee	
Total	47	Minus	30	= 17	x \$18 =	\$306.	
Indep.	6	Minus	4	= 2	x \$80 =	\$160.	
First Presentation of Multiple Dependent Claim					+ \$0 =	\$0	
					Total	466.	
					Addit. Fee	\$466	

- * If the entry in Col. 1 is less than the entry in Col. 2, write "O" in Col. 3,
- ** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".
- *** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".

 The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.
- 5. Attached are two checks: a check in the sum of \$466.00 for the additional fee for claims and a check in the sum of \$110.00 for the terminal disclaimer fee.

FEE DEFICIENCY

6. If any additional extension and/or fee is required, charge Account No. 04-1105. If any additional fee for claims is required, charge Account No. 04-1105.

Customer No.: 21874

SIGNATURE OF PRACTITIONER

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David A. Tucker Reg. No. 27,840

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